

F180000001144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

name. W18-17923

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18 MAR -5 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

Octavia - please  
see alternate  
corporate name.  
Thank you.  
- Breanne  
Vaclavik

February 22, 2018

BREANNE VACLAVIK  
333 W WACKER DR, STE 2000  
CHICAGO, IL 60606

SUBJECT: GROVES INCORPORATED  
Ref. Number: W18000017923

We have received your document for GROVES INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is A08712.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 418A00003710

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GROVES INCORPORATED

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Breanne E. Vaclavik

Name of Person

Kelly, Olson, Michod, DeHaan & Richter, L.L.C.

Firm/Company

333 W. Wacker Dr., Suite 2000

Address

Chicago, Illinois 60606

City/State and Zip code

bvaclavik@komdr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Breanne E. Vaclavik

312

528-3805

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

GROVES INCORPORATED

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

GROVES OF ILLINOIS INCORPORATED

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS 3. 36-3058458  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/01/1980 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/01/2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 818 Trakk Ln, Woodstock, Illinois 60098  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

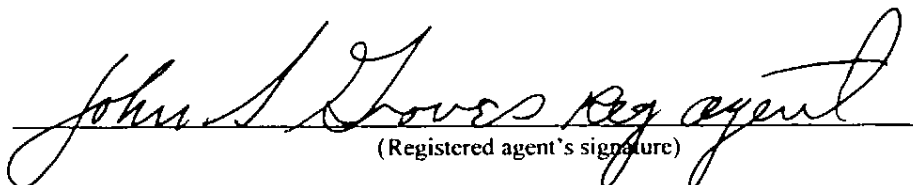
Name: John S. Groves

Office Address: 7842 Breakwater Court

Bokeelia, Florida 33922  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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MAR -5 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: John S. Groves

Address: 7842 Breakwater Court

Bokeelia, Florida 33922

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Brent Hostler

Address: 4510 Barharbor Dr.

Lake In The Hills, Illinois 60156

Vice President: John S. Groves

Address: 7842 Breakwater Court

Bokeelia, Florida 33922

Secretary: John S. Groves

Address: 7842 Breakwater Court, Bokeelia, Florida 33922

Treasurer: Brent Hostler

Address: 4510 Barharbor Dr., Lake In The Hills, Illinois 60156

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. John S. Groves Director  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

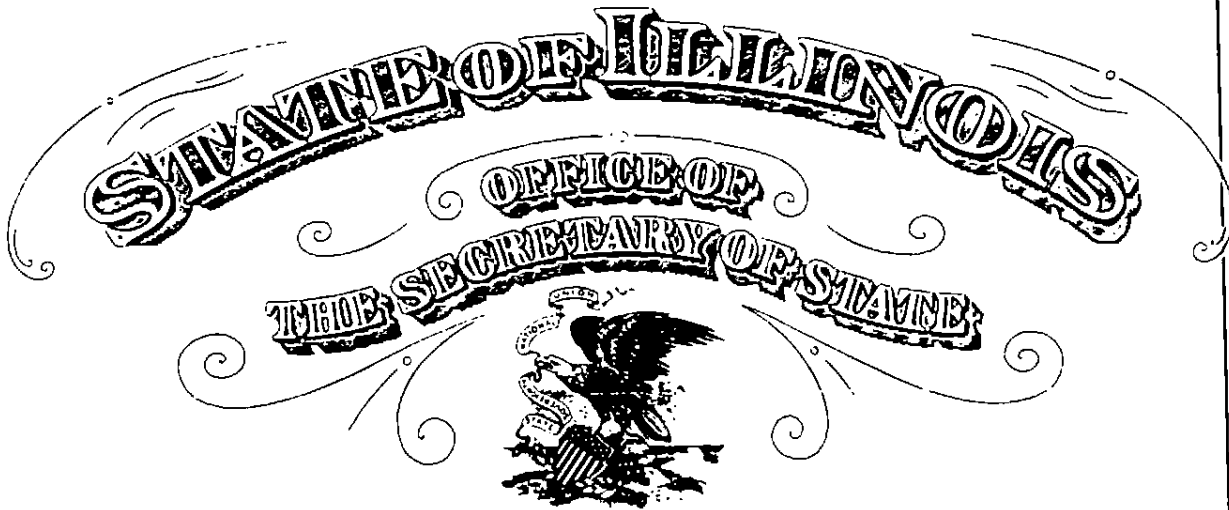
13. John S. Groves

(Typed or printed name and capacity of person signing application)

FILED  
MAR - 5 PM 2:50  
18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number

5197-234-1



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

GROVES INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 01, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 15TH*  
*day of FEBRUARY A.D. 2018 .*

*Jesse White*

SECRETARY OF STATE